

Name of Party or Representative

Address_____

Telephone_____

☐ Claimant or ☐ Employer

LABOR AND INDUSTRIAL RELATIONS APPEALS BOARD

STATE OF HAWAII

_____ ,)	AB No.: _____
Claimant,)	
)	DCD No.: _____
vs.)	
)	Accident Date: _____
)	
_____ ,)	
Employer,)	
)	
and)	
)	
)	
_____ ,)	
Insurance Carrier.)	
_____)	

STIPULATION TO CONTINUE CONFERENCE

The parties hereby stipulate and agree that the following conference in
this case be continued to the date and time noted below:

Type of conference to be continued:

Old date/time:

New date/time:

On behalf of Claimant:

Dated: _____

Signed: _____

Print name: _____

On behalf of Employer:

Dated: _____

Signed: _____

Print name: _____

APPROVED AND SO ORDERED:

ROLAND Q.F. THOM, Chairman

MELANIE S. MATSUI, Member

DAVID A. PENDLETON, Member